| CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN | | | ME | CEIVER |
|---|-----------------------------|-----------------|---------------|---|
| Is This Report an Amendment: Yes | No No | | IU/ | |
| Instructions for completing schedules are on the back of each schedule. | | | | |
| COMMITTEE IDENTIFICATION | | | | |
| Larsen for Alder | | | | |
| 3350 Eastman Ave, #1 | | | | FICE USE QŃLÝ |
| Green Day W/ 5430 | クス | | | |
| Please check if address is different than previously reported, and | complete the Campaign Reg | istration State | ment in the b | oack of this form. |
| NAME OF REPORT | | | | |
| □ January Continuing Pre-Primary □ July Continuing Pre-Election □ September Continuing Pre-Election | Spring | fall [] S | Special | Termination Report also complete Schedule 4 |
| SUMMARY OF RECEIPTS AND | Column A | Colur | nn B | |
| DISBURSEMENTS | This Period | Cale | | |
| 1. RECEIPTS | | Year-To | o-Date | |
| 1A. Contributions (Including Loans) from Individuals | \$ 1,200 | \$ /10 | 100 | |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ | | |
| 1C. Other Income and Commercial Loans | \$ | \$ | | |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 1,200 | \$ 1, 2 | 00 | |
| 2. DISBURSEMENTS | , | - | | |
| 2A. Gross Expenditures | \$ | \$ 35 | 71.99 | |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ | | |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ | \$ 35 | 51,99 | |
| CASH SUMMARY | | | | |
| Cash Balance Beginning of Report | \$ | | | |
| Total Receipts | s 1,200.00 | | | |
| Subtotal | \$ 1,200,00 | | | |
| Total Disbursements | \$ 357.99 | | | |
| CASH BALANCE END OF REPORT | \$ 848.01 | | | |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | s 515,02 | | | |
| LOANS (Balance at the Close of This Period-3B) | \$ | | | |
| I andife that I have an animal this nament and to the hast of us | w knowledge and belief it i | c +m.c.a | t and sound | ata |

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

| Type or Print Name of Candidate or Treasurer | Signature of Candidate or Treasurer | Date: 2/7/70 |
|--|-------------------------------------|----------------------------|
| SATI STORES | of the me | 11/20 |
| (MIN Jan Stewart Lais | Email Stewartolarson & Cap. Com | Daytime Phone: 970-438-036 |
| | | |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

RECEIPTS Contributions (Including Loans) From Individuals

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| Contributions (including Loans) From individuals | | | | | |
|--|---|---|--------------|----------|--|
| Larsen for Alder | | | | | |
| | r completing schedules are on the back of each sch Full Name, Mailing Address and Zip Code | nedule. Occupation (if year-to-date total exceeds \$200) | Amount of | Y-T-D | |
| Date | Of Contributor | | Contribution | Total | |
| 1/30 | Stew Larsen 2350 Eastman Ave Hi Groen Bay, Wy 300 | Salesperson | 1,100 | | |
| | Check if: In-Kind Loan Conduit - Ethics ID# | | | | |
| 1/10 | 11 | , 1 | 100 | 1,200 | |
| | Check if: ☐ In-Kind Aoan Conduit – Ethics ID# | | | | |
| | • · | | | | |
| | Check if: In-Kind Loan Conduit - Ethics ID# | | | | |
| | Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID# | | | | |
| | Check if: ☐ in-Kind ☐ Loan☐ Conduit – Ethics ID# | | | | |
| | Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID# | | · - | | |
| | Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID# | | | | |
| <u> </u> | | | < | 1000 | |
| | SUBTOTAL | ITEMIZED CONTRIBUTIONS THIS PAGE | \$ 4 | 1,200 | |
| | | TOTAL ITEMIZED CONTRIBUTIONS | \$ | <u> </u> | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | \$ | 12000 | | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | s | 1000 | |

Check if: 🔲 In-Kind Offset

Check if: In-Kind Offset

Check if: In-Kind Offset

DISBURSEMENTS Gross Expenditures

Page 3 of 4

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 35%, 9

SCHEDULE 3-A

Complete Committee Name

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page 4_ of 4_

| Complete Co | ersen for Alder | | | 1 | |
|-------------|--|---|--|------------------------------------|---|
| | for completing schedules are on the back of each | schedule. | | | |
| | | Outstanding Balance Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Balance At Close of This Period |
| Zi/iA | Full Name, Mailing Address and Zip Code of Creditor ONE Touch Point T Po. Oox 88561 Milway Kec, W153088 | Nature of Debt (Purpose) | and mai | liua | |
| Date / | Full Name, Mailing Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zlp Code of Creditor | Nature of Debt (Purpose) | | 7 | |
| Date / / | Full Name, Malling Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| Date / | Full Name, Mailing Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| Date / | Full Name, Mailing Address and Zip Code of Creditor | Nature of Debt (Purpose) | | | |
| | <u>I</u> | SUBTOTAL ITEMIZE | O OBLIGATIONS THIS | | 02 |
| | | TOTAL UNITEMIZED | OBLIGATIONS \$20 O | | 5.07 |